

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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VACCINATION.

People in this country can hardly understand the anti-vaccination leagues which exist in England to such an extent. The literature issued by these benighted bodies read to us very much like the emanations from Bedlam; and the opposition shown to vaccinations in parts of Canada looks monstrosly like deliberate and organized suicide, as year by year the statistics show the ravages which small-pox makes among the population which so fanatically rejects the protection offered by Jenner's discovery. There is hardly a community in the United States, we believe, that has not a proper faith in vaccination. It is comparatively rare to find an individual who refuses to receive it himself, if necessary, or to allow it to be performed on his children. Compulsory vaccination with us means, as a general thing, only systematic vaccination, and is aimed at no prejudice against the operation. With this favorable attitude of the people toward it, we ought to show a very great exemption from small-pox; and so we do. Now and then it seizes a city, and runs the death-rate up for awhile; but we have no such experiences as have happened in Montreal. The presence of the disease rouses men from their neglect. Its spread is combated with systematic vaccination and revaccination, and after a time is stopped.

That small-pox is not more thoroughly stamped out than it is is due in a great measure to the profession itself. It is not too much to say that not one fourth of the vaccinations are properly performed. There is scarcely a rule which was instituted by Jenner, and whose truth has been estab-

lished by eighty years of experience, that is not habitually neglected. Vaccination from arm to arm is one of the curiosities of surgery. And granted that this be in a great measure impracticable, and we must rely upon crusts, we are apt to neglect other points of equal importance. It is rare indeed that a physician will deliberately use improper lymph. He takes ordinary precautions as to its purity, and, when not too hard pressed, as to its freshness; but when he has inserted this matter in the vast majority of instances he considers his duty done. How rare it is, except in cases where there is personal interest, that subsequent inspection of the arm is made, to see whether the virus is developing a sore with a proper history; and how often is reliance placed upon the information derived from parents as to whether the virus "took" or not.

It was not our intention to put down here what the rules of vaccination are. This of course would be an insult to the most ordinary practitioner; but, having called attention to the neglect upon the part of many of the profession, we wished to suggest a remedy. We are suffering from a little too much faith in vaccination. The people should be educated out of this idea that the most unbounded protection is to be obtained from the most careless performance of the operation. They can not have very much opinion as to the skill necessary to its performance, when they themselves are very often entrusted with it. Its importance as an operation should be maintained, and it should be done with as close an adherence as possible to the precepts of Jenner. The great reason why this has not been the case is, that the fee for vaccination has been

allowed to run down, and practitioners do not wish to take the necessary amount of trouble for the pay received. In several of the larger communities there is a respectable charge; but, as a general thing, the price of an ordinary office-prescription, a visit, or, at most, the pay for a single operation in minor surgery, is what one gets for vaccinating, even in well-to-do families. Vaccination should be followed by visits, as in ordinary cases of sickness; and where people can pay, they should pay for it accordingly. When the town or city provides for the vaccination of the people, it should pay enough to employ those who can attend to it thoroughly.

THE FEVER AT FERNANDINA.

Fernandina, a town in Florida with a population of sixteen hundred or two thousand, is the only point in North America, we believe, where yellow fever has prevailed this season, and as usual the physicians of the place seem to have been disputing about the nature of the epidemic. Hitherto the town has been remarkable for its salubrity. The prevailing disease is attributed to its bad sanitary condition. The quarter of the town in which the fever has been most prevalent is described as being exceptionally filthy. A remarkable feature of this epidemic, if it be one of yellow fever, is its very limited mortality. The last report that reached us is, that of eleven hundred cases only fifty have proved fatal, a fact which justifies the suspicion that the disease may not be yellow fever. A mortality of only five per cent is, we believe, unprecedented in the history of this fever. Dr. McFarland, of Savannah, is reported in the newspapers as having decided that the disease is *bona fide* yellow fever, after having made an autopsy in a fatal case; but this, we presume, is the report of the uninitiated. It is not by autopsies that yellow fever is diagnosed.

But the fact is interesting that an epidemic with the features of yellow fever should show

itself in so mild a form. At first it was nearly confined to the white citizens, but the last report is that the fever is spreading among the colored population, which is the greater of the two in Fernandina. Montgomery, when slavery existed, wrote:

"Nor in the majesty of storms alone
The Eternal makes his fierce displeasure known;
At his command the pestilence abhorred
Spares the poor slave and smites the haughty lord."

Slaves no longer, the immunity of the colored people, it would seem, has been withdrawn! But if filth has generated this pestilence in Fernandina, it is a little singular that its irruption was not in the midst of that population. After all, however, there is no doubt of the truth of the remark made by Dr. Addison, in regard to epidemic diseases, that "one blade of the destroying shears is forged at home; without it the other can not do its work." And if Fernandina did not originate its epidemic, its filthy streets offered a favorite bed for its development.

THE candidate for admission in the British Medical Service, after passing an almost impossible examination, spends a probationary period at Netley, pays \$250 for a uniform, \$100 for his instruments, and then goes into a business which pays him about \$1,000 a year. Apropos of this, Punch has the following: An Irish naval surgeon at the "smoking tub" of one of Her Majesty's ships of war thus complains to his brother officers of the treatment of his profession: "Bedad! then it's just this; they're thryin' to git us as chape as they can, and they can't do it."

As the weary journal-reader witnesseth the painful activity of the skin-men, he comforteth himself with the thought that the eye-men at least are quiet. But who can tell what the October Hays' conceals?

It is estimated that the famine in India has destroyed five hundred thousand people.

Correspondence.

To the Editors of the Louisville Medical News:

I think it is not generally recognized in the profession that kerosene oil is a medicinal agent of value in sprains, bruises, overworked muscles, etc., as well as in nervous pains; therefore I take the liberty of appending a formula, with kerosene as the basis, that I think very superior.

KEROSENE LINIMENT.

R Kerosene oil.....	3 ij;
Tinct. opii	3 iv;
Tinct. arnica.....	3 v;
Tinct. stramonii	3 iv;
Ar. spts. ammon.....	3 vi;
Spts. camph.....	3 v;
Ol. origan.....	3 iv;
Chloroform.....	3 iij. M.

S. Rub in well twice during twenty-four hours, or *pro re nata*.

My experience has confirmed the incomparable superiority of this liniment to any other for sprains, bruises, soreness of the muscles from any cause, as well as for nervous pains. As good for beasts as for man.

A. G. HOBBS, M. D.

ARTHUR, PIKE COUNTY, IND.

Reviews.

Some Hints regarding Uterine Supporters. By CLIFTON E. WING, M. D., Boston.

Dr. Wing is out again on the supporters, when used by competent hands. He writes pleasantly and well. Among other things, he says:

"The adjusting of a pessary which shall be worn for an indefinite time, until its objects have been attained, is not always a matter to be accomplished by once or twice seeing the patient, although some simpler cases require but little more attention, but often a process which must extend over weeks and perhaps months, and which requires the closest attention on the part of the operator to avoid injuring instead of benefiting the woman.

"That this fact is not appreciated by the profession at large is evident from the number of patients sent to the specialist, who come expecting to have a sup-

porter applied, leave the office in a few minutes, and have no further trouble about the matter. Occasionally this can be done, but such cases are exceptions to the rule.

"When a uterus has been out of its proper position for a length of time, the tissues and, parts about it accommodate themselves to the new position it has taken.

"We all know how easily a recent uncomplicated dislocation of the shoulder or hip-joint can be reduced by proper manipulation, and how difficult may be the process of reduction when the dislocation has become of long standing, and the surrounding tissues have become habituated, so to speak, to the malposition.

"It is exactly the same with a uterine displacement. When the womb has been but recently thrown out of position, it can often be easily replaced and retained where it belongs. When the displacement is of long standing, frequently the process of reduction is a very difficult matter. Hence the importance of early recognizing and treating these conditions. A complete replacement, in many instances which present, can not be accomplished at once; the parts can only be carried back where they belong *gradually*. Oftentimes continued pressure must be used to do this, and must be kept up afterward to hold them in place until they acquire, once more, the tendency to stay in the normal position.

"While with the surgery of the external parts of the body—as in a case of club-foot, for instance—for the gradual bringing into position of the tissues, appliances having screws, pulleys, and springs can be brought into use, and thus the steady pressure which is needed be readily applied and regulated, with a uterine displacement such appliances are impracticable, and we are obliged to depend upon the skill and ingenuity of the surgeon in applying pessaries of different sizes and shapes, to keep up the pressure which is needed, and at the same time avoid serious injury to the tender tissues.

"In many cases of displacement of the womb, the vagina, from being kept in an abnormal position, acquires a form very different from its normal one, and when the uterus is being carried back where it belongs the vagina, "*pari passu*," gradually regains its natural shape. So it follows that a pessary which will to-day fit the parts perfectly, and perform its duty of supporting the womb, will perhaps be found, on examination a fortnight, more or less, hence, to fail in keeping the womb up as it should, and now will not fit the vagina at all. Before the final pessary (the one which the patient can wear indefinitely) is reached, she may have to wear quite a number of different ones, each of which will do nicely for a time, and then be useless, or worse than useless; for a badly-fitting instrument is always likely to do harm. Thus, for the successful treatment of even a single

case, the physician may need quite a full assortment of pessaries, and, moreover, he must know from experience when and how to change them."

Miscellany.

THE ORIGIN OF HOSPITALS.—The chief object aimed at in a hospital is to preserve life and relieve suffering. Every living thing has a certain amount of power to repair itself when injured, and every thing that has life has the power given it to resist to some extent that which tends to destroy it. A tree will grow more wood on that side sustaining the greatest strain of a prevailing wind, and will grow to a greater height before spreading if the shrubs and trees around make this necessary to enable it to get its share of sunlight. The higher the organization the greater is this power of self-protection. When we reach living things which have a nervous system this power of self-protection becomes more marked, and is called the instinct of self-preservation. As we ascend the scale of animal life this instinct gradually widens its circle of influence, and includes not only self but those of their kind. Before we reach man we see undoubted instances of mutual sympathy and even love evinced by the individual members of more than one race of animals for others not only of the same species, but of entirely different families.

The idea of curing disease seems to be plainly foreshadowed in the instincts of animals. The sick dog will seek and chew his medicine-grass, which when well he never touches; the cattle of the pine-wood districts, where phosphorus is wanting in the grass, will deliberately hunt up and chew bones which under other circumstances they would not eat.

In the crude development of religion and of the curative art these will invariably be found associated in the same individual. The medicine-man is the priest, and the wise man who cures the evil spirit is the doctor.

Society follows the general law of development of organisms, viz., the growth of special organs for special functions, which become more distinct one from the other, yet at the same time more dependent one upon the other. We therefore find in higher civilizations doctors of disease distinct from priests; and in the highest and most complete civilization of all the priest making use of the doctor of medicine to help him do his work of charity. The hospital is the outcome.

It is true that hospitals nowadays are often organized and carried on independently of religious considerations, purely on utilitarian grounds, to protect the well from infectious and contagious disease; but this presupposes a knowledge of disease that did not exist at the date of the origin of the first hospitals. Charity and brotherly love influenced men and took shape in religious organizations long before sanitary science existed or made itself felt through the art of medicine.

History shows us that the credit of the origin of the first hospitals is not due to medicine, but to religion.

So far as our knowledge of history goes, and as we have shown in the foregoing *resume*, we find that hospitals, as we understand them, have been the outcome of only two or three civilizations, namely, that of Buddhism, the fire-worshippers, and the Christian civilization. In what way can this be accounted for? It can not be due to the degree of civilization, for both Greece and Rome, in many ways, reached a higher state of civilization than did the early followers of Buddha or Christ; and yet hospitals for the sick poor did not exist to any extent, if at all, among them. It may be said that their laws were so perfect and efficiently carried out that hospitals such as we have were not needed; but hospitals must have been needed after battles, when the soldiers were far removed from their homes. A more plausible excuse would be to say that the science of medicine had not advanced to the same extent as among the Buddhists and early Christians.

We can not speak so confidently about

medicine among the Buddhists; but we know that at the time of the founding of the first hospitals by Christians medicine was not in advance of the time of Hippocrates. If the Buddhists did excel in medicine, judging by the experience of to-day, it is more than probable that much of this knowledge was acquired from the advantages afforded by their hospitals for the study and practice of medicine. There was nothing in the religion of either the Greeks or Romans that made life sacred or that taught brotherly love. Physically and intellectually they reached a high state of development, but they made morally but little progress. The Buddhist, taught to believe that every living creature is sacred, does all he can to prolong life; and to this end he builds hospitals, not only for men, but for animals and even insects. The Christian, following in the footsteps of his Master, extends his love and sympathy to all mankind, and in his efforts to show his sympathy by his acts he builds hospitals to prolong life and to relieve his suffering fellow-beings.—*Hospitals: Their History, Organization, and Construction*, by W. Gill Wylie, M. D.

THE EFFECTS OF VARNISHING THE SKIN.—Dr. Senator, of Berlin (Virchow's Archiv, June, 1877), in an article on the effect of varnishing the human skin, speaks of the time-consecrated doctrines of the importance of the perspiratory function of the skin in a way calculated to hurt the feelings of believers in porous plasters. He denies that the inferences from varnishing dogs are applicable to human pathology, and asserts that the human skin is often covered with impermeable materials without ill effects. He refers to the case of the gilded boy, a child who was covered with gold-leaf in order to play the character of an angel in a miracle play, as one which might be quoted in support of the popular view; but he points out that he died so soon that it is more probable that there was something poisonous in the gilding material used. At least his death presented no analogy with that which occurs

in varnished animals. In these the rapidity of the event is in exact proportion to their size—that is, in the ratio of their surfaces to their total mass—and takes place in from a half to four days, or even longer, large dogs living nine weeks, horses still greater periods; so that if the gilding acted as the varnish does on these animals, relatively to size, a boy ought to live at least as long as a middle-sized dog. On the other hand, he refers to the numerous instances of "tarring and feathering" which have occurred in America with no ill effects, or at least without causing death; and in these the entire skin was covered, which, according to Valentin, produces in animals very rapid diminution of temperature and complete prostration. Dr. Senator tried varnishing the skin of patients in the hope of reducing their temperature. In five cases of typhoid fever he came to the conclusion that it remained without any influence; but, as it might be objected that the conditions were exceptional, the parts varnished not sufficiently extensive, or the time during which the application was retained upon the skin not sufficiently long, he has made further investigations.

He experimented upon three rabbits, subjecting these animals to the different operations of, in the first, painting with collodion and castor-oil; in the second, coating with sticking-plaster and collodion; and, in the third, covering with tar. The three methods agreed in producing lowering of the temperature, albuminous urine, and death. He then subjected a patient suffering from subacute rheumatism to a gradual envelopment, until both legs from the tips of the toes to the hips, both arms from the tips of the fingers to the shoulders, were encased in sticking-plaster, and his back, abdomen, and breast painted with collodion, which was daily repeated; only the head, neck, buttocks, and genitals being free. In this condition he remained a week without reduction of temperature or albuminuria. A second case remained under similar conditions for three days, when the patient con-

sidered himself well, and left the hospital. A third case, of chronic pemphigus, was tarred over the feet, legs, thighs, trunk, arms, neck, and face, while a thinner mixture of oil, tar, and alcohol was applied over the scalp. The woman remained in this condition a week, and presented no abnormality except blackening of the urine, which was shown to be due to the presence of carbolic acid. These facts speak for themselves.—*British Medical Journal*.

SMOKING ARSENIC IN PHTHISIS PULMONALIS.—The roving gypsies and horse-jockeys of most countries give arsenic as a remedy for broken wind and heaves in horses, and with astonishing success, improving the general condition of the animal, giving him a fine healthy skin and sleek coat, also removing the difficulty of breathing. The only difficulty with its use was, as they say, that once begun it must be continued. In these cases it seems to act by stimulating the secretions generally, especially that of the skin, and improving the digestive function. This practice has been found common among the Arabs and wandering Tartars.

The northern Chinese use arsenic daily, mixed with their smoking tobacco. And according to M. Monteguy, formerly French consul in China, tobacco free from arsenic is not sold among the northern Chinese. The consul was assured by missionaries who had lived a long time among the natives that the arsenic-smokers were stout fellows, with lungs like a blacksmith's bellows and rosy as cherubs. The last statement brings to mind the fact that in Syria, Persia, and Arabia the use of arsenic is indulged in by ladies desirous of beautifying the complexion and improving the general appearance. It is an ingredient in almost every cosmetic of the Eastern countries.

The publication of M. Monteguy's statements with respect to the Chinese arsenic-smokers called forth a letter from a Dr. Loudè, who announced that some years previous, in the course of a discussion at the

Academy of Medicine, Paris, on the agents to be employed to cure tubercular consumption, he told the assembled doctors that he had found but one successful means of combatting the dreadful disease—that means was the smoking of arsenic. He reaffirmed his commendation of the remedy. Trousseau, than whom few are more eminent, recommends the inhalation of arsenic by means of cigarettes saturated in a solution containing from one half to one drachm to the ounce of arseniate of soda in the treatment of phthisis pulmonalis. In weak states of the system, as in the course of phthisis where dropsy of the cellular tissue supervenes, arsenic is found beneficial in removing the anasarca, apparently acting as a tissue stimulant. While not forgetting the dangers of an over-dose of this remedy, we feel—from personal observation of its beneficial effects in lung troubles, including phthisis with emaciation, especially bronchial phthisis, spasmodic asthma, bronchitis and catarrhal affections, when smoked in the form of the arsenious acid commingled with a just proportion of stramonium leaves and lobelia, with nitrate of potash to secure combustion—that it can not be too highly recommended in the treatment of lung affections when its administration can be regulated by a competent physician.—*Canada Lancet*.

SAMPLES of the Apollinaris and Hunyadi Janos waters have been sent to us by the Messrs. A. Fonda & Sons, of this city, who are agents for their sale in this locality. The waters have an excellent reputation, bearing the indorsement of the medical faculty on both sides of the ocean. The Apollinaris is the most sparkling, and the Hunyadi the most opening thing of the kind that has been introduced to the profession. The Apollinaris will no doubt be found of service in some forms of dyspepsia, and the Hunyadi is a most economical and serviceable aperient. Besides the waters above referred to, the Messrs. Fonda have delicacies without number for the sick.

DURING the Crimean campaign of one year and a half 341,000 men were buried in the district of Taurida, which includes the Crimea. The Russians lost 170,000 soldiers; the English, French, and Turks, 156,000; and there were 15,000 Tartar victims. Of this total 324,800 were interred in the Crimea, including 210,000 in the neighborhood of Sebastopol. Those killed in battle were but 30,000; and, allowing an equal number for the losses from wounds, 281,000 must have succumbed from disease. The deaths of sick persons sent away from the seat of war were about 60,000 more, which makes the number of dead from the Crimean campaign alone over 410,000.

It will be seen from the above calculation that out of some 410,000 soldiers who succumbed during the Crimean campaign 30,000 only were actually killed in battle, some 300,000 dying from disease. How many of these deaths were entirely preventable, had a more judicious and liberal use been made of medical assistance, it were vain to speculate; but of this there can be no doubt, that a well-found medical staff, though apparently a costly item, is in the long run by far the most economical investment a nation undertaking a campaign can make. The loss of one of two hundred thousand trained soldiers from sickness is a very serious consideration, and one a nation proud of its reputation for science might well be ashamed of.—*Lancet*.

A WELL-DESERVED PUNISHMENT.—At the Court of Queen's Bench held at Sweetzburg recently, Sears, who made an outrageous assault on the liberty and person of Dr. Baigham, of Phillipsburg, Missisquoi, Que., was convicted of robbery. On the pretense of bringing the doctor to see a patient a number of miles away, Sears decoyed him in the middle of the night to his (Sears's) house, and there attempted to force him to sign some papers under threats of murder. His Honor Judge Dunkin condemned the prisoner to ten years in the penitentiary for the crime.—*Canada Lancet*.

SAINTS MARY AND ELIZABETH'S HOSPITAL. This institution, situated on Twelfth Street just beyond the city limits, with beautiful grounds, every sanitary appliance, and under the able management of the Sisters of Charity, affords rare facilities for the care of the sick. Patients can be accommodated with fine apartments, trained nurses, good food and medicine at from six to twelve dollars a week. No subject of any contagion can be admitted to this hospital.

CAUSE OF DISEASE.—Sir Henry Thompson says: "I have visited rich and poor, high and low, all my life, and I solemnly declare that the great bulk of the diseases with which I have had to deal arose from the drinking of intoxicating liquor. I do not mean what people call drunkenness, but the regular, steady customs in which most of us indulge every day of our lives."

Selections.

HOW LONG OUGHT WOMEN TO STAY IN BED AFTER DELIVERY?

H. J. Garrigues, M. D., publishes a paper on the above subject in the Proceedings of the Medical Society of the County of Kings, which is of such practical value that we give it entire. He says:

"It may seem quite superfluous to ask how long ought women to stay in bed after delivery, since almost every body, within and without the profession, will answer, nine days. This has indeed been the rule in all countries since time immemorial; but the searching spirit of our age, that has little respect for old traditions unless their value is proved by new methods or experiments, has also examined this custom, and the result so far is that quite opposite answers are given to the above question. Some advocate a much shorter time than that consecrated by use, others a considerably longer one. It may therefore be well worth our while to see, first, how this question is treated by some eminent practitioners, and, secondly, what light anatomy and physiology throw upon it.

Dr. Goodell is in favor of Early Rising.—"Dr. Goodell, in his paper on Prevention and Treatment of Puerperal Diseases at the Preston Retreat in Philadelphia, says: 'On the morning following the

day of her labor the woman slips into a chair while her bed is making. This is repeated once or twice a day until the fourth or fifth day, when she, if so disposed, gets up and dresses herself. No patient quits her bed against her will, yet the force of example is so great that very few care to stay in bed when they see their companions up and about.

"I have personal knowledge of only one case in which a similar treatment was prescribed and carried out. The patient is a friend of mine, and has given me the particulars. Her doctor made her rise on the fourth day, and when she felt unwell engaged her to take a ride in a carriage on the fourteenth day, which nearly cost her her life. She was taken with chills followed by hemorrhage and convulsions. But it would of course be hasty to draw any general conclusion from this single case. In the Preston Retreat seven hundred and fifty-six women had been treated in this way when Dr. Goodell's paper appeared, and the total mortality from all causes had only been six, certainly a most satisfactory result.

"Dr. Goodell adduces the following reasons in favor of encouraging women to get up early: 1. Labor being a physiological process, it should not be made to wear the livery of disease; 2. The upright position excites the uterus to contract, and lessens the amount and duration of the lochia; 3. Uterine diseases are hardly known among the nations whose women early leave their beds; 4. Experience has shown him that convalescence is rendered far more prompt and sure.

"Being restricted to great brevity, I would only remark on the first head that the women of our time are not in a normal physiological condition; on the second, that flexions are liable to be brought about by the weight and flaccidity of the womb before the contractions impede it, and that the amount of lochia is also much diminished by injections of carbolyzed water into the vagina; on the third, that we do not know much about the condition of the uterus in ancient or far-remote people; finally, I think that Dr. Goodell's excellent results are due to his other measures, which, with one exception, I find highly commendable. There is no doubt that they diminish infection, and hence mortality; but I do not think that the final result can be judged of within sixteen days, the average time the patients stay in the establishment after delivery. If a thousand women treated in this way were compared in after-years with a thousand who have been kept quiet for weeks, I believe we would find more flexions, versions, sub-involutions, prolapses, etc. in the former than in the latter class; and in order to substantiate this view I will only point to the fact that these diseases are much more common in the lower class, who can not afford to lie long in bed, than in the upper walks of society.

Opinions of Authors as to when Women should rise from Childbed.—"In England some obstetricians are also in favor of shortening the time which a woman is kept in bed after parturition. I have not the leisure to make a comprehensive study of the rules laid down by all authors, but from the unanimous verdict given in the works within my reach I conclude that the leading obstetricians and gynecologists in different European countries either retain the old practice or even prolong the rest in a recumbent position. Scanzoni sanctions in general the custom that lying-in women should not leave their bed before the ninth day, because this corresponds about with the period in which dangerous diseases most frequently make their appearance after delivery, in which the increased susceptibility subsides, and in which the functions of the bowels and breasts acquire some regularity. The same is taught by Naegele. Siebold recommends rest in bed until the eighth or tenth day.

"Schroeder recommends an uninterrupted recumbent position for at least a week, and longer if it agrees with the patient. Spiegelberg says that the woman shall keep her bed eight to ten days. If she is entirely well, she need not submit slavishly to this rule. She may leave her bed at the end of the first week for a few moments, but she ought never to walk about before the time indicated above, and still less undertake any domestic work, even in her own room. Cohnstein thinks that corporal rest extended over a fortnight is absolutely necessary, and Bischoff follows the same rule. Barnes says that the upright posture within the first week or fortnight will surely increase the local vascular tension, and promote displacement of the uterus.

"Playfair expresses similar views more explicitly. 'It is customary,' says he, 'among the better classes for the patient to remain in bed for eight or ten days; but, provided she be doing well, there can be no objection to her lying upon the outside of the bed or slipping on to a sofa somewhat sooner. After ten days or a fortnight she may be permitted to sit upon a chair for a little; but *I am convinced that the longer she can be persuaded to retain the recumbent position, the more complete and satisfactory will be the progress of involution*; and she should not be allowed to walk about till the third week, about which time she may also be permitted to take a drive.' Finally, Gallard, of Paris, goes still further, and states that he does not know any thing more dangerous than the popular habit of limiting to nine days the rest of confined women. He would like to see this period extended to at least twenty or twenty-five days. Thus would be avoided many inflammations of the genital system that are only due to these premature exertions.

"The latest publications, then, in the three chief countries of Europe that have come to my notice

are all in favor of an absolute rest in the horizontal position, one, two, or even three or four weeks after parturition. In order not to be misunderstood, as if in this question America were opposed to Europe, I will add that great obstetricians of Brooklyn and New York, with whom I have had the opportunity to speak about the subject, are likewise in favor of prolonged rest.

Condition of the Womb after Childbirth.—

"After having seen the practice of prominent obstetricians, let us consider the anatomical and physiological facts which bear upon the subject.

"First of all we will examine the condition of the womb in the puerperal state. Of late years several authors—such as Hecker, Heschl, Boerner, Duncan, Serdukoff, Autefage—have investigated its *dimensions* and weight. Boerner has instituted exact measurements in sixty-four cases, both internally by aid of thick sounds and externally with the measure. Immediately after delivery the length of the uterus varied from 12 and 19 centimeters ($4\frac{3}{4}$ – $7\frac{1}{2}$ inches), a fortnight later it was yet between 9 and 12 centimeters ($3\frac{1}{2}$ – $4\frac{1}{2}$ inches), whilst the length of the uterine cavity in the non-puerperal state is from 6 to 7 centimeters ($2\frac{1}{2}$ – $2\frac{3}{4}$ inches). At the first examination the fundus stood 11 centimeters ($4\frac{3}{4}$ inches) above the symphysis pubis, and the uterus measured in width 10 centimeters (almost 4 inches). The elevation above the symphysis diminishes during the first twelve days to 5.2 centimeters (2 inches), and upon the twenty-second day is still 4.6 centimeters ($1\frac{3}{4}$ inches). It appears, then, that the uterus, even at the end of the third week, rises above the brim of the pelvis. The normal size is first reached when it stands at the most three centimeters ($1\frac{1}{8}$ inches) above the symphysis pubis.

"Some caution is necessary in taking these measures. The uterus during its retraction becomes more and more antelected, so that the part felt above the symphysis at last is not the fundus, but the posterior wall. Accordingly, the fundus has to be raised from the vagina before measuring.

"It is likewise very important to distinguish the plane that corresponds with the brim of the pelvis, and consequently slopes down in the erect position, forming with a horizontal plane an angle of about sixty degrees, from a plane laid horizontally through the upper border of the symphysis, the body being in the perpendicular position. These two planes are almost constantly confounded in text-books, and consequently the student is apt to get an erroneous idea about the normal size and position of the uterus. The fundus surmounts almost always the latter plane, whilst in the great majority it does not attain the plane corresponding with the brim of the pelvis, but is situated from 2 to $2\frac{1}{2}$ centimeters ($\frac{3}{4}$ –1 inch) below it.

"It appears, then, from Boerner's measurements, that the uterus at the end of the second week is still about one inch higher, and at the end of the third week more than half an inch higher than in the non-puerperal state.

"Heschl's investigations about the *weight* of the uterus after delivery are still more significant. According to him, it weighs from twenty-two to twenty-four ounces immediately after parturition; at the end of the first week, from nineteen to twenty-one ounces; at the end of the second week, from ten to eleven ounces; at the end of the third week, from five to seven ounces; and it does not reach its normal weight, which is about an ounce and a half (varying from a little above one to almost two ounces) before the end of the second month.

"It appears from these measures that the womb has only lost little in weight at the end of the first week, that the greatest diminution takes place during the second week, and that at the end of the third it is still three or four times heavier than the non-puerperal uterus.

"Particular interest attaches to the condition of the inner surface of the uterus. Formerly it was believed that the whole mucous membrane was cast off, so that the muscles were denuded. This is not so. The epithelium is indeed gone, and the muscular coat is only covered with a thin, soft, moist, reddish layer, that is easily scraped off. The process is differently explained by different investigators; but as this has no bearing on our present subject, I will not enter into any details about it. Suffice it to state that there is no new mucous membrane formed before the third or fourth week, and that the regeneration often lasts much longer. According to Robin, the process begins still later, and is only finished from sixty-five to seventy days after parturition.

"The repair is slowest in the place in which the placenta has been inserted. Immediately after delivery its open veins are closed by the double process of muscular contraction and thrombosis. Later the walls of the veins coalesce; many of them undergo fatty degeneration and are absorbed. The thrombi are in part disintegrated and carried away with the lochia or absorbed. In part they become organized.

"The vaginal portion is exposed to considerable injury during the expulsion of the fetus. In almost all cases it is more or less torn, and very often the mucous membrane of the collum becomes inflamed. Often ecchymoses are found in the tissues of the vaginal portion. The involution of this part takes several weeks.

"The so-called ligaments of the uterus have been obliged during pregnancy to accompany it up to the epigastrium. When, immediately after parturition, the fundus stands below the umbilicus, they are entirely relaxed. By degrees the superfluous tissue is

absorbed and their elasticity restored, so that they again become able to sustain the uterus, and prevent any alteration in its shape or position.

"The uterus is likewise for a long time deprived of the support given it from below by the vagina and vulva. These are not contracted for three or four weeks. The entrance to the vagina is almost always more or less injured, and the lesions heal rather slowly.

"The muscles and the skin of the abdomen are, immediately after delivery, in a flabby condition, and it takes five or six weeks before they regain their firmness, so far as it is recoverable. Consequently, at a period in which the uterus still surmounts the brim of the pelvis, it lacks support in front, as well as from below and from the sides.

"To sum up, anatomy and physiology teach us that after parturition the uterus is large, heavy, and flabby; that all the surrounding parts destined to support it are distended, soft, and yielding; that its interior presents a large wound; that the placental site is pervaded by veins filled with recently-formed blood-clots; that the whole interior surface is bathed in a fluid rich in disintegrated tissue-elements; that the process of transformation, absorption, and restitution requires at least two months; and that the retrogression is most marked during the second week. All this speaks evidently in favor of those who want to prolong the customary time of rest in a horizontal position, and against those who recommend to abridge it.

Effect of the Erect Posture on the Womb.—

"The erect and sitting posture are apt to produce changes in the shape and the situation of the uterus that again will hinder free circulation in the organ and disturb its involution.

"By movements the thrombi may be detached and form emboli, a frequent cause of sudden death after child-bearing, or may give rise to dangerous secondary hemorrhage. It must also be borne in mind that the so-called *pyrogenic* and *phlogogenic* substances, that is to say, substances which, entering into the system, produce fever or inflammation, are much more easily absorbed from a part when it is moved than when kept quiet. The movements tend to force the poison into the lymphatic vessels, and direct experiments upon rabbits and women, by Kehrer, have proved the lochial secretion to contain a pyrogenic substance.

"If somebody, with the intention to oppose common experience to scientific reasoning, will point to the Indian squaw, who, on approach of labor-pains, goes alone out into the woods, and brings home her papoose on her back, I will answer that people who are still little influenced by civilization have remained nearer the primitive stage, which we also find in animals. As they have not the advantages

of an ancient civilization, they are also free from its drawbacks.

When to leave the Bed.—"The time during which the woman ought to occupy a recumbent position can not be fixed by days, as it does not depend on the length of time in itself, but on the work performed during this time. In order to judge of this, I am in the habit of examining every day how high the fundus stands above the symphysis. This affords at the same time the advantage that supervening inflammatory processes are immediately discovered. I do not permit the patient to leave her bed before the uterus has retired from the abdominal wall and subsided behind the symphysis. Then I think that it finds sufficient support in the true pelvis. In most cases this is about two weeks after delivery. During the next week I engage the patient still to lie down for hours every day on a lounge, and warn her especially against bending down to take anything up from the floor for a fortnight.

"Even if there has been a subinvolution before the last pregnancy, it is advisable to keep the patient in bed as long as we observe a shrinking of the uterus, and to favor it by appropriate means.

"In poor people it is often impossible to enforce so protracted a rest after delivery; but this is only one instance in many which shows that they are less favorably situated than their richer sisters. It has not the least bearing on the question how long we ought to recommend a woman to stay in bed.

"In women wealthy enough to take good care of themselves, we had better try, above all, to eradicate the superstition concerning the nine days, by telling them beforehand that, even if they feel perfectly well, they must be prepared to stay a little longer, if not in bed, at least in a recumbent position on a lounge."

The Treatment of Pleuritic Effusions.—In a paper upon this subject, read before the British Medical Association at its late meeting, Dr. T. Clifford Allbutt divided his subject into the following heads:

1. Dry pleuritis; 2. Inflammatory pleuritis with highly fibrinous exudations; 3. Quiet pleuritis with large serous effusion; 4. Empyema; 5. Pleural dropsy.

1. With dry pleuritis, of course, he had not to deal. 2. Acute fibrinous pleurisy is usually attended with moderate effusion, which ebbs when the flow is complete. He gave a full account of his treatment of these cases and of the hastening of the ebb of sluggish effusion. In some cases the effusion becomes so excessive as to demand operative interference; but fortunately they do not, as a rule, tend easily to run to pus. The difficulty with them is the presence of fibrin, which blocks the trocar. The aspirator is useful in these cases, and repeated punctures are better than fumbling at one opening. There is no need

to empty the cavity, as absorption is generally set quickly going, and, except in cases of a low type, re-accumulation is not to be expected. 3. Quiet pleuritis with copious effusion generally need operation. If the chest be full, it should not be delayed an hour, as sudden death may occur at any moment, or, if on the right side, anasarca of the legs, etc. If not quite filling the cavity, the presence of a large quantity of fluid soddens and spoils the lung, and tends to pus. In these cases the aspirator is undesirable; it is better that the lung should expand quietly. The cavity need not be wholly emptied, as absorption often completes the cure. As there is in these cases a strong tendency to the formation of pus, the operation should be carried out on the antiseptic plan. Re-accumulation does not occur, as a rule. 4. Empyema should be removed at once by free incision in a dependent part on the antiseptic plan, and antiseptic dressing kept up. Repeated aspiration is objectionable; it rather favors absorption, and does not prevent the formation of a pulmonary fistula. Moreover, it is impossible to say when a patient is cured, as remnants of pus may break out months or years afterward; and may decompose *in situ*, or may set up tuberculosis. After operation, any increase of temperature is a mark of imperfect drainage or bad nursing. No method can make a vast internal abscess of the chest any thing but a terrible malady. If a pulmonary or other fistula have formed, the counter-opening must nevertheless be made in the same way, and the chest drained. 5. Pleural dropsies, though dependent on disease elsewhere, may always be tapped readily if the symptoms be urgent. The tapping is as simple as the tapping of ascites, but must be more gradual, as pressure can not be used. There is no probability of pus-transformation; but, if convenient, the tapping may be done under an antiseptic treatment.—*British Medical Journal*.

Corrosive Sublimate Formed in a Mixture of Calomel and Sugar.—When calomel comes in contact with powdered white sugar or calcined magnesia, a certain quantity of corrosive sublimate is formed in twenty-four hours. Dr. Polk has observed all the phenomena of corrosive sublimate poisoning produced by the administration of a mixture of calomel and sugar, which had been prepared for a month. The examination of a portion of this mixture proved the presence of a notable quantity of bichloride of mercury. In the *Journal of Pharmacy and Chemistry* of Turin, November, 1875, the same fact is noticed. In this case the poisoning was caused by pastils containing calomel. The pastils were made with sugar, which acted as an organic matter on the calomel, and transformed it into bichloride of mercury. The proportion of the sublimate increases with the period passed since the preparation of the pastils.

Extract of Malt.—It now seems that the benefit which for a long time has been accorded to malt liquors can be attained without alcoholic fermentation, thus in many cases accomplishing the good without the baneful effects of a stimulant. It appears to me that the "Improved Extract of Malt," manufactured by the Trommer Malt Company, has proven that the real tonic properties depend upon its not undergoing fermentation. I have given these preparations to over three hundred patients during the past year, including private and clinical practice, selecting such as I deemed suited to the wants of the several cases, and I have yet to see a single case in which benefit has not accrued from its use. It may be said that the medicines contained in some of the preparations should have the credit, but I have been careful to use such preparations in cases where the medicinal agents therein contained have before been given with little or no advantage.

In tuberculosis and scrofulosis I have found malt to improve the nutrition and arrest the progress of the disease, acting in this way similarly to cod-liver oil, save that its effects are seen to be more decided, and it agrees better with the stomach, a matter of no small importance in advanced cases.

In the continued cough of pertussis, where, after the acute stage has subsided, the patient has prolonged spells of coughing, I have found the plain malt to exercise a most marked effect. Children not infrequently continue to cough like whooping-cough for a year or more after having had the disease. In all such cases the cough is kept up by the bronchial glands enlarged in the acute stage; and such cases, if left alone, are fit subjects for early consumption. Malt extract is well adapted to this stage of convalescence.

In convalescence from the ordinary fevers, and especially remittent, ferrated or plain malt, with citrate of iron and quinia, is *par excellence* the treatment.

It is unnecessary that I should attempt to enumerate the diseases in which malt has proven beneficial. It appears to strike at the root of mal-assimilation. An explanation of the various conditions which are or may be expected to be relieved by extract of malt may possibly be found in the various stages in which digestion is arrested, and the power of this digestant to carry this process to its ultimatum in the tissues. A closer study of ultimate digestion is necessary, however, before we can give the rationale of the efficacy of this simple medicine or food.

I have not had sufficient experience with the use of malt upon the rheumatic diathesis of childhood to draw any positive conclusions concerning it, but I am quite confident that by carrying starch through its changes to a rapid end in combustion malt is well calculated to accomplish good. The liability, therefore, to remain as lactic acid will be greatly lessened.

In six cases it was of decided benefit in securing an immunity from the hitherto frequent attacks of rheumatism, one of which had suffered eight attacks of acute rheumatism in five years, and had extensive cardiac lesion.—*J. A. Larrabee, M.D., in Kentucky State Medical Society Transactions.*

Introduction of the Hand into the Rectum.—

In the St. Bartholomew Hospital Reports Mr. W. J. Walsham offers the following propositions deduced from the examination of four cases upon the living body and twelve experiments on dead bodies:

1. That the hand, if small, can be introduced into the rectum of both male and female without fear of rupture of the sphincter or incontinence of feces.
2. That the dilatation of the sphincter should be very gradual, five minutes at least being allowed for its accomplishment.
3. That no pain or inconvenience is experienced by the patient as an after-result of the operation.
4. That when once through the sphincter, the windings of the gut should be followed very cautiously by a semi-rotary movement of the hand, and by alternate semi-flexing and extending the fingers.
5. That in many cases the hand can be passed into the sigmoid flexure, and possibly in rare instances into the descending colon.
6. That should the hand meet with a feeling of constriction about the junction of the first and second pieces of the rectum, no force on any account should be used to overcome it, as this can only be accomplished by rupturing the peritoneum, which is here reflected from the intestine.
7. That this method of investigation is of use in detecting a stricture high up the rectum or in the sigmoid flexure of the colon; but that a stricture below the descending colon may exist, although the hand may be unable to discover it.

Twin-Birth in a Bipartite Uterus.—In the Med.-Chir. Centralblatt Dr. Scheidl relates the following case: In January, 1872, he was called to a primipara. The abdomen was unusually distended, and presented an abnormal shape. On placing the patient on her back, a marked prominence was seen on the left side, which was diagnosed as a second fetus. It seemed as if this second fetus were lying in the peritoneal cavity, and not in the uterus. The head presented, and was delivered by the forceps. It was a male child; the placenta did not follow; but, as the hemorrhage was inconsiderable, Dr. Scheidl allowed things to take their course. At the end of twenty-four hours there was considerable hemorrhage, and he delivered her of a second child, a female, the foot presenting. On passing his hand

into the uterus to detach and remove the placenta, he found the vagina to be normal, but the uterus to be divided into two distinct cavities; the right one perpendicular, the left cavity lying horizontally toward the left. The patient has since again become pregnant, and has been delivered of a female child without any artificial assistance.—*London Medical Record.*

Imperforate Hymen—Confined Secretion entirely fluid.—

E. N., a fine well-developed girl, aged fifteen, had never menstruated, although for the past two years the usual symptoms had been present regularly without any flux occurring. Latterly she had experienced so much pain and discomfort in the back and thighs, with a sense of fullness in the vagina, that her mother, becoming anxious, consulted my friend, who at once discovered the nature of the case. On examination we found the membrane was entire and much thickened, and upon proceeding to give relief in the usual way a sudden and violent gush of fluid, like porter and water, took place, flying up to the ceiling and against the opposite wall; more than two quarts of this fluid was collected. The patient made a good and rapid recovery, and the menses have since occurred without further trouble. The chief point in this case was the fluid nature of the retained matter, as in two or three similar cases, as also in works commenting upon this subject, we have found the confined secretion to be of a treacherous consistency.—*T. Wells Hubbard, in British Medical Journal.*

Excretion of Mercury.—Dr. E. W. Hamburger gives an account, in the Prager Med. Wochenschrift, of some experiments he has made on patients who were employing mercurial suppositories, in regard to the elimination of the mercury from the system. In seven out of eight cases he discovered the metal in both the urine and the milk. It was always discovered in the urine, but not in the milk of those who were treated by infiltration of mercurial ointment during lactation, though it had previously been discovered in the milk of these same patients when the mercury was administered in the form of suppositories. Abundant evidence of the presence of mercury was found in the feces of a patient who was being treated by infiltration, and there appeared to be some connection between the amount eliminated and the activity of the liver. The method of analysis was one adopted in Huppert's laboratory in Prague, and was essentially an electrolytic process, which is so delicate that a $\frac{1}{1000000}$ is distinctly perceptible, whilst only $\frac{1}{10000000}$ can be recognized by means of hydrogen sulphide.—*Lancet.*